

nutrients. Therefore, to ensure nutrient adequacy and replace sweat losses, healthy adults generally need about 1,500 mg a day.²

To accommodate a more realistic approach for reducing the sodium intake to 1,500mg in the 2010 Dietary Guidelines, the Committee may want to consider making a recommendation for reducing sodium in two phases. In recent comments to the Food and Drug Administration and the Institute of Medicine, AHA recommended that the daily value for sodium be lowered to 1,500mg by 2020 with an intermediate goal of 2,000mg by 2013. This two-step phase down should provide manufacturers with time to reformulate products and identify acceptable salt substitutes, as well as allow consumers to adapt their taste sensitivities to the lower sodium content in foods.

To meet a science-based recommendation of 1,500mg per day, the scientific report and the policy document must strongly encourage consumers to reduce sodium intake by choosing foods with little or no salt and limiting the amount of salt added to food. However, we acknowledge that it will be difficult for consumers to lower their sodium intake to 1,500mg on their own. With processed foods accounting for 77% of all sodium consumed, it will require the cooperation of food manufacturers and restaurants to reduce the sodium content of the foods they make available to the public. AHA would like to see food manufacturers and restaurants reduce the salt added to foods by 50% over the next 10 years.

Beverages

The current Guidelines recommend that consumers select beverages with little added sugars or caloric sweeteners. AHA agrees with this recommendation; the 2006 AHA Diet and Lifestyle Recommendations suggest limiting beverages that are high in added sugars.

In recent years the consumption of beverages with added sugars has risen markedly. High calorie energy drinks and caffeinated beverages have become the leading source of added sugar in the diet. This is concerning because high consumption of beverages with added sugars has been associated with consumption of greater calories and weight gain. Consumers tend not to compensate as well for calories consumed in liquid form when compared to calories consumed as solid foods. Because calories consumed as beverages may not be as satiating, we tend to overconsume beverages and other foods.

The Committee should address and emphasize high calorie energy drinks and caffeinated beverages in the updated Guidelines.

Vitamins

The Dietary Guidelines recommend consumption of a number of vitamins including vitamins A, C, D, E, and B₁₂. Individuals are instructed to obtain these vitamins through vitamin-rich sources of food, fortified foods, and/or supplements.

² Institute of Medicine. *Dietary Reference Intakes: Water, Potassium, Sodium Chloride, and Sulfate*. 1st ed. Washington, DC: National Academy Press; 2004.

AHA recommends that the 2010 Guidelines emphasize food-based sources as much as possible. In general, individuals can obtain nutrient adequacy through the consumption of a wide variety of foods.

Energy Balance/Physical Activity

Physical Activity

AHA strongly supports the Guidelines' emphasis on the importance of physical activity in promoting health and maintaining a healthy body weight. Regular physical activity is essential for maintaining physical and cardiovascular fitness, maintaining healthy weight, and sustaining weight loss once achieved. Regular physical activity improves cardiovascular risk factors and lowers the risk of developing chronic diseases such as diabetes, osteoporosis, obesity, depression, and some forms of cancer.

To address physical activity in the 2010 Dietary Guidelines, AHA recommends that the Committee incorporate the 2008 Physical Activity Guidelines for Americans which were recently released by the Department of Health and Human Services (HHS). In order to be of use to the public, it is of utmost importance that the messaging between the Dietary Guidelines and the Physical Activity Guidelines is consistent. Implementation efforts for the physical activity recommendations in both policy documents should also be coordinated. AHA urges that the Physical Activity Guidelines, like the Dietary Guidelines, be updated and revised every five years.

Weight Management

Maintenance of a healthy weight is a critical area that must be heavily emphasized in the updated Guidelines. Obesity is a major public health problem in the United States. Obesity is a major risk factor for cardiovascular disease, diabetes, many forms of cancer, and a number of additional chronic conditions; and the prevalence continues to steadily rise.

To combat the obesity epidemic, the Committee must address obesity prevention and weight control for individuals in the normal weight range, as well as weight loss for those who are overweight or obese. The Guidelines should recommend specific steps individuals can take to decrease calories in order to achieve and maintain a healthy weight such as limiting sugar-sweetened beverages, limiting added sugars, determining correct portion sizes, increasing consumption of whole grains, fruits and vegetables, and focusing on consumption of nutrient-dense calories.

The Guidelines should also educate consumers about their calorie needs. Consumers do not understand the number of calories they should consume. An underlying message of the entire Guidelines policy document should be the need for consumers to "know their number" (how many calories they should consume based on their age, gender, and level of physical activity).

We must note however, that addressing individual behavior alone is unlikely to solve the problem of obesity and overweight. Environment and policy also play a significant role. As the Committee considers weight management as it develops its recommendations, we urge the